

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90326 043 ***150.00

DOCUMENT # P03000007470
 1. Entity Name
 ATLANTIC ALUMINUM AND SCREEN, INC.



Principal Place of Business Mailing Address
 3257 SEA OATS CIRCLE 3257 SEA OATS CIRCLE
 MELBOURNE BEACH, FL 32951 MELBOURNE BEACH, FL 32951



2. Principal Place of Business 3. Mailing Address
 242 COCONUT DRIVE 242 COCONUT DRIVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State City & State
 INDIALANTIC, FL INDIALANTIC, FL

4. FEI Number Applied For
 75-3097065 Not Applicable

Zip Country Zip Country
 32903 US 32903 US

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROBERTS, JASON S
 3257 SEA OATS CIRCLE
 MELBOURNE BEACH, FL 32951

7. Name and Address of New Registered Agent
 Name ROBERTS, JASON S.
 Street Address (P.O. Box Number is Not Acceptable)
 242 COCONUT DRIVE
 City INDIALANTIC FL Zip Code 32903

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: 27 Apr 04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '04

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '04	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, JASON S	NAME	ROBERTS, JASON S
STREET ADDRESS	3257 SEA OATS CIRCLE	STREET ADDRESS	242 COCONUT DRIVE
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZSIMMONS, FLETCHER	NAME	
STREET ADDRESS	120 DELFLORA	STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC, FL 32903	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 27 Apr 04
Signature and typed or printed name of signing officer or director